To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Article XIII, Section 12 of the Wisconsin Cor	nstitution and S.9.10 of the Wisconsin State	utes.		
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. THOMAS I DEGENALS	7 hon 108:	Street: 5123 LEAUNE LN City: McFarlaul zip: 53558	Town Willage City City	11 /15/20 <u>11</u> (Month) (Day) (Year)
2. Colleen McConley	Colle Me Couley	street: 802 W. Ulin Avr. City: Madison Zip: 53715	Town Utillage Madism	(Month) (Day) (Year)
3. Clyde Thompson	Clycle Thomper	Street: 2221 (acting 1) 557 City: Machine 1 2112 53713	Town Village Madi Son	1) /15/20 <u>1)</u> (Month) (Day) (Year)
KIM MONTOOMERY	Tion Montgomey	Street: S13 MELLUM DL City: STOUGHTON Zip: 53589	Town Village STOUGATTON	1) /15/20 <u>1</u> (Month) (Day) (Year)
Erika Koivunen	ah	Street: 536 ALGOMA St City: Madison zip: 53704	Town Village MADISON	(1 / 15/2011 (Month) (Day) (Year)
ANNIE PEARSON	Anni Pearon	Street: 2214 Pike Dr. City: Madism zip: 53713	Town Village Madison	11 /15/2011 (Month) (Day) (Year)
Jeff Hisel	Sull Wisel	Street: 941 May & a. ? City: Madison zip: 73714	Town Village City Mad:500	11 /15/2011 (Month) (Day) (Year)
& aden Honell	(an flich	Street: 1040 Jen. for St April City: Madison WI zip: 53715	Town Village City Madicion	(Month) (Day) (Year)
James Amadoson	Any	Street: 1405 Litch GUNG TR City: MMKN WI Zip: 53718	□ Town □ Village □ City	11 /15/20 <u>11</u> (Month) (Day) (Year)
Andrew Schilcher	Andglick	street: 139 W Wilcon St, Apt 501 City: Madison, Wl zip: 53705	Town Village Mi City MadiGon	11 /15/2011 (Month) (Day) (Year)
	Certification (of Circulator		
Barbara billiga	. <u>n</u>	ify): I reside at 2009 Simostrom 57	+ Madisor	2
(Name of Greul ersonally circulated this recall petition and personally obta	ator) ained each of the signatures on this paper. I know that t	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the	d Number) (Circulator I cofficeholder named in this petition. I know t	Municipality) hat each person signed

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. Lenow their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Month | (Day) | (Year) | (Signature of firculator) | (Signature of

#*2301*

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1. KIA KELLOGG	16 Kellerg	Street: 722 PARMAN TERR	Town Village Mad TON	// // (/20 // (Month) (Day) (Year)	Email Phone		
2. Rodney Json	Total Way	Street: 4004 Mirroral Pt Rd City: Madison Wa zip: 53705	Town Village Mad TSON	1 / 16/201) (Month) (Day) (Year)	Email Phone		
3. Anarda Sathasivam	Alah	street 7306 COUNTYWOOD LN City: MAD 150W WI zip: 53719	Town Village City MATSON	11/16/20// (Month) (Day) (Year)	Email Phone		
1. Der Vang	Duff	street: 2306 Badger PKWY #17 city: Machison W1 zip: 53713	Town Village City MATSON	(Month) (Day) (Year)	Email Phone		
5. Stepher Beadly Wiln	Sigh-Bedywiln	Street: 2509 N. Sheema Able City: Madish zip: 53704	Town Village MATSON	(Month) (Day) (Year)	Email Phone		
6. Rebecea Lindsey	Kelyay	Street: 717 Milky Way City: Lladizon zip: 93718	Town Village MADTSON	/ 17/20 <u>(</u> (Month) (Day) (Year)	Email Phone		
Jean Papalia	ylan Papalia	street: 6308 Hidden Farn Rd city: McFarland zip: 53558	Town Evillage M Farland	1(/7/2011 (Month) (Day) (Year)	Email Phone		
PAUL O'LEARY	fal T.Olun	Street: 1134 E. MIFFLIN ST City: MAD 150N zip: 53703	□ Town □ Village MAN 190 V □ City	(Email Phone		
SANDY EVERSON	Sandy Enerson	Street: 30 Walter Street City: MANISON Zip: 98714	Town Willage MADISCAL	// // /20/1 (Month) (Day) (Year)	Email Phone		
Julie A McRoberts	Jalu a. Mc Roberts	street: 3823 Sycamore Ave City: Madison zip: 53714	Town Village Madisci)	///6/2011 (Month) (Day) (Year)	Email Phone		
Abigail SWETZ Certification of Circulator 4014 BIWANI. Mad ISON Girc							

(Name of Circulator)

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Le Anne Hannan	League Hanner	Street: 2954 (one St City: Madison W) Zip: 53713	Town Uvillage GCity Madison	11/16/20_11 (Month) (Day) (Year)
Lisa Pardon	1 Jahren	Street: 8575 Stonebrook Cir	X Town □ Village Λ	
Daniel Frietz	Said Find	Street: 188 State Road 78 City: Mount Hoveh zip: 53572	Strown Village Perry	// //4/20/1 (Month) (Day) (Year)
John KARCHAR	Jahn Lauden	Street: 6945 ROCK Ridge CT City: VEPONA, WI Zip: 53591	Town Village City VevonA	(Month) (Day) (Year)
Joidly Bren	recke southy	street: 1630 lake VIEW	Brigor MASM	(Month) (Day) (Year)
1		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Horail SWAF-	Certification		ve. Madis	on

	10.	Street:		☐ Town ☐ Village	/ /20
		City:	Zip:	☐ City	(Month) (Day) (Year)
I, _	Abroail Swet-	Certification of Circ	LOCKETIAN	Ave. N	ladison
	(Name of Circui		(Circulator's Residence – Street n		(Circulator Municipality)
		ained each of the signatures on this paper. I know that the signers cated opposite his or her name. I know their respective resigners			
_	$\frac{1}{\text{(Month)}} / \frac{Q}{\text{(Day)}} / \frac{20}{\text{(Year)}}$	all Van Tarrie	note of Circulator)		Page No. (Official Use Only) #_220_3
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	nstitution and S.9.10 of the Wisconsin Stars Purposes, when different than municipal.	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jenniser Franzisiel	12 C	Street: 33/3 Nelson Rd #2 City: Swn Prairie, WI zip: 53590	ETown Utillage City Suthe	V1/6/2011 (Month) (Day) (Year)
Melanie S Villarreal	Mela S. Vilas	Street: 530 Meadow Vin RD City: M. Hoseb WI zip: 53572	Town Village 14 Horeb	/1 //6/2011 (Month) (Day) (Year)
Daniel F Cleary	Die Cer	street: 1601 Kegilworth cutty City: Madison WI zip: 53589	Willage MadTSON	// // 20 (Month) (Day) (Year)
Laura Lemke	lauleme	street: 220 East Bluff City: Madison Zip: 53704	Town Village City Madison	(Month) (Day) (Year)
Jesse A. Polar	Gesse Pola	Street: 3521 Margaret St City: Madison WI Zip: 53714	Town Uvillage City Madison	/16/2011 (Month) (Day) (Year)
neviedeskedma	n Madones	Street: 4707 Carter St City: Oregon Zip: 53575	Willage City 60901	////6/20// (Month) (Day) (Year)
Lisa Antony	Jasa Aton	Street: 2895 Oak lawn Rd City: Stoughton zip53589	Trown Village Stoughton	// /// /20// (Month) (Day) (Year)
Josh Loerig -	Attag	Street: U707) Contenst City: Oregan VI zip: 57575	Ts.Town Village City City	/ (0/2d] (Month) (Day) (Year)
Angela Wickham	angele: Wrehum	Street: 327 S. Spring St. City: Port Nashingtorzip: 63074	Drown City Port Washingt	/\(\lambda / \lambda \lambda / \lambda \lambda / \lambda \lamb
Louise Bartlett	Journa Collet	Street: GOY TURNER AV2 City: NOA1510 Zip: W/	Town Village Made 150 n	(Month) (Day) (Year)
Hoigail Swet-			Ne. Madis	QLA (Aunicipality)
ally circulated this recall petition and personally obtain	ained each of the signatures on this paper. I know that	the signers are electors of the jurisdiction or district represented by the residences given. I support this poeutr petition. I am aware that falsifying	officeholder named in this petition. I know t	nat each nerson signed

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

	ction 12 of the Wisconsin Constitution and S.9.10 of the W	isconsin otatates.		PO Box
THE MUNICIPALITY USE	ED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
sign Inthony helds	516 East Blaff Madison W1 53704 City:	Town Village City (Municipality Name)	77/1642011 (Month) (Day) (Year)	Email y Phone
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20 (Month) (Day) (Year)	Phone (
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	//20 (Month) (Day) (Year)	Phone
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
5. Print:	Street:	□ Town □ Village □ City (Municipality Name)	//20 (Month) (Day) (Year)	Email Phone

-, (certif)). Heside at	
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
named in this petition. I know that each person signed the paper w	each of the signatures on this paper. I know that the signers are electors of the jurisdictivith full knowledge of its content on the date indicated opposite his or her name. I know	
recall petition. I am aware that falsifying this certification is punis	shable under S.12.13(3)(a), Wis. Stats	Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature & Circulator)	# 2205

Circulators, Please include yo

Committ

Phone

Email

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

To the Wisconsin Government Accountability Walker from office pursuant to Article XIII, S	We board: We, the undersigned qualified electors of the State Section 12 of the Wisconsin Constitution and S.9.10 of the V	of Wisconsin petition for the recall of Visconsin Statutes.	Governor Scott	Commit			
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.							
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C			
1. CYNTHIA RAGLAM) Sign:	streets 1811 FISher St City: MADISOUS Zip: 53713	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email SUZ Phone			
2. Print: John Hawley Sign: 1/2	Street: 653 Lake Dr. Randam Lake 53075	Town Village City (Municipality Name)	// //6/20 <u>(</u> (Month) (Day) (Year)	Phone (
3. Print: Peter Boll Sign: Peter Boll	Street: 821 SUNSET Dr city: COHESE Grow Zip: 53527	□ Town □ Town □ City C E + + ωSc 6 rove (Municipality Name)	////6/20 <u>1</u> (Month) (Day) (Year)	Phone			
4. PrinShamicka Parish SignDhem Per	Street: 714 Vera of 101 city: Madisan zip: 53704	Town Village City (Municipality Name)	//////20_// (Month) (Day) (Year)	Email Phone			
5. Print: REVIEE ROBINSUL SIgn: Perer	street: 7204 Autumn Carrane City: Malison 21p: 53724	☐ Town ☐ Village ☐ City (Municipality Name)	(Email Phone			
I, Abigail Swetz	Certification of Circulator (Circulator's Residence - Street Name and Nu	Madis Di	(A)	Circulators,			

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

(Month)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Commit Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box Madison THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING Rural address must also include box or fire no. (Also Indicate Town, City, or Village) 1. Email ☐ Town ☐ Village City C (603 Email evai □ Town ☐ Village (60 3. □ Town □ Village sch ☐ City (608 Zin: 53705 4. Town
Uillage WOODWARD ☐ City 53711 Mound St. roz. (Municipality Name) 925 High St. □ Town □ Village Madison 11/16/2011 Phone

Sign: Moals Zaltstern	Madison	53715 21p:	(Municipality Name)	(Month) (Day) (Y
Alorgail SWeltz. (Printed Name of Circulator)	certify): I reside at 40 [4	ification of Circulator Bun Awe. 's Residence – Street Name and Nun	nber) (Circulator Munic	cipality)
personally circulated this recall petition and personally obtained in this petition. I know that each person signed the pecall petition. I am aware that falsifying this certification is (Month) / (Day) / 20 / (Year)	aper with full knowledge of its cont	ent on the date indicated opposite his or h		en. I support this

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1. Jeanine M Zwart	Panune M zwart	street: 5117 OBK Valley Dr. City: Malison WI zip: 53704	□ Town □ Village □XCity Mod Sor	11 /6 /20 11 (Month) (Day) (Year)	Email Phone	
2. JOHNJ MCDON	in Gyl	Street: 31100/1KRIDGE AVE City: MADISON zip: 53704	Town Village MADISON	Month) (Day) (Year)	Email Phone	
3. Joanne Austin	Joane austin	street: 1542 Anizona Pass city: Madison zip: 53704	Town Willage Madison	//6/20_[(Month) (Day) (Year)	Email Phone	
Dale Austin	Del of Gent	Street: 1542 ARIZONA 7 ASS City: [MADISON Zip: 53704	Town Village MAD 130 N	// /20 <u>//</u> (Month) (Day) (Year)	Email Phone	
5. IAN SMILIVAN	lan Sulin	Street: 5361 Arrowhead Drive City: Monuna w/ zip: 53716	Town Village Hallison	(Month) (Day) (Year)	Email Phone	
Jessica lans	Jessie Paus	Street: 5204 Physim Luffal Hy 207 City: Mhylan W. zip: 53701	Town Usillage Dity		Email Phone	
Reed Cornia	Robin	Street: 1518 N Sherman Ave City: Medison ut zip: 53709	Town Willage Madison	11 /16/20 11 (Month) (Day) (Year)	Email Phone	
Ellen M Soto	Ellen my Sito	Street: 1902 Logi de villo	Town Village Madison	////6/20_// (Month) (Day) (Year)	Email Phone	
CARLOS VILLARREDL	THE STATE OF THE S	Street: 530 Meadow VIEW City: March Gurlb W1 zip: 53572	Town City Mt. Hovel	/////20//_ (Month) (Day) (Year)	Email Phone	
Lea Clark	7/1/2	Street: 3313 Nelson Rol # x	Town Utillage Burke	//////////////////////////////////////	Email Phone	
Certification of Circulator (Circulator's Residence - Street name and Number) (Circulator Municipality) (Circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed						
paper with full knowledge of its content on the date indi	amed each of the signatures on this paper. I know that to cated opposite his or her name. I know their respective	the sygners are electors of the jurisdiction or district represented by the regularies given. I support this recall petition. I am aware that falsifying the system of the properties of the period of	e office notice named in this petition. I know the ting this certification is punishable under S.12.	nat each person signed 13(3)(a), Wis. Stats.	P	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Linda Tschillard	Synla Sochilland	street: 5012 Spaanem Ave. City: Madison, WI zip: 53716	Town Village Madison	11 / 15/20 11 (Month) (Day) (Year)	Phone			
2. Mary Jo Steffes	mary Josteffes	Street: 5838 Oxbow Bend City: Madron, W1 zips53716	Town Village Madigon	///5/20 (Month) (Day) (Year)	Phone			
Carol M. Tiedt	Carol M. Tiedt	Street 5,310 Spicebush (n City: Madison Wzip: 537/4	Town Village Madison	/// \(\frac{1}{20/1}\) (Month) (Day) (Year)	Email Phone			
Pacia J. Harper		Street: 528 Troy Dr. City: Madison W1 zip: 53704	Town Village Madrson	//5/2011 (Month) (Day) (Year)	_ Flione			
Diane Love	Wanebur	Street: 590 Troy Dr City: Madison WI zip: 53704	Town Village Reity Madison	/15/20// (Month) (Day) (Year)	Phone			
Marcia Vapp	Marcia Happ	Street: 525 TROYDT City: Madison WI zip: 53704	Town Village City Made SON	// /5/20_// (Month) (Day) (Year)	Phone			
TODD CAMBIO	wal	Street: 521 TROY DRIVE City: MADISON, WI Zip: 53704	□ Town □ Village □ City MAP 15 = N	11 /15/20_4 (Month) (Day) (Year)	Phone			
Nancy Charlier	May Col.	Street: 517 Tray Doni City: Madison W Zip: 53764	Town Village Madisin	// //5/20// (Month) (Day) (Year)	Phone			
"Mary Pharmer	mysorthum	Street: 513 Troy Dr City: Malison W zip: 53704	Town Village Madison	/ /3/201 (Month) (Day) (Year)	Email Phone			
Johanne Pharme	Johanne Pharmer	Street: 513 Troy ar City: Madison WIZip: 53704	Town Village Pachison	(Month) (Day) (Year)	Email Phone			
Certification of Circulator								
Lois Stauber ,(certify): I reside at 534 Troy Dr. Madison								

I, bois	Stauber	, (ce	rtify): I reside at	534 T	roy Dr.	Mac	1:50n
, , , ,	(Name of Circulator)		, (Circulator's Resider	nce – St f eet name and Number)	7	(Circulator Municipality)
		f the signatures on this paper. I know tha					
the paper with full knowledge of its of	content on the date indicated opposit	e his or her name. I now their respective	e regdenées given sup	port this recall petition.	I am aware that falsifying this certif	ication is punishab	ole under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee

Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.					
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison,	
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. Print: JOSSICA Riz Sign: Majorate aggress	Street: 910 Maynol for Long City: Madson by 1 21p: 537/3	□ Town □ Village ☑ City — May SOy (Municipality Name)	(Month) (Day) (Year)	Email Phone (%08	
2. ENK Fall Sign: ES Fall	street: 3219 Forcest Run Ct	Town Village Size City Viunicipality Name	(Month) (Day) (Year)	Email Evilla Phone	
3. Print: Kimberly Collins Sign: Kuty Relati	Street: 601 S. Academy St City: Stough for zip: 53589	Town Stoughton (Myncipality Name)	/ / 20	Email Color Phone (LUS)	
4. Ceah Wilhur Blance	Street: 7705 Carrington Dr. Add B Street: 53719 City: Madison Zip: 53719	Town Village Secity Madison (Municipality Name)	(1 / /6/20 11 (Month) (Day) (Year)	Email /wi/bu Phone (608	
5. Grawn Boyle sign: Shew Boyle	street: SS41 Sunset Trl City: Warrakee zip: S3595	Town Village City (Municipality Name)	t / 6/20 <u>11</u> (Month) (Day) (Year)	Email Shau Phone (608	
I personally circulated this recall petition and personally of	Certification of Circulator (certify): I reside at Circulator's Residence – Street Name and Numbrained each of the signatures on this paper. I know that the signers are elected paper with full knowledge of its content on the date indicated opposite his or	ors of the jurisdiction or district represented by t		Circulators, Please include you Phone	

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Brandon Bultman-low	2 Jan Jan	Street: 434 Fast Bluff City: Madisan Zip: 53704	Town Machison City	
Evan Thempson		street: 14 Fortvidge CT City: Modison zip: 53706	□ Town Med iso	
Mike Gaus	Mile Dous	Street: 3876 Orien rd 5370 V	Trown Village Mad i SOA	(Month) (Day) (Year)
Jonathan Roberts	Jula	Street: 37720rinrd City: Madr Son zip: S3704	Town Village RCity Mad 186h	
Mollew But	not	Street: \$3764 City: 142 PW Knon zip: 58704	Town Updin	(1 / 16/20 <u>11</u> (Month) (Day) (Year)
Inthoniestijaly les	John a Note	street: 1303 Park Circle city UN Prairie zip: 53590	Town Uvillage City An France	(Month) (Day) (Year)
Susan Dolton	Susan Dalten	Street: 4535 E. Oak Lane City: Windsor, WI zip: 53598	Trown Village City Windsor	// // /20[
ITCHAEL RUANO	Mushus	Street: 2810 OAKRIDGE AVE City: MAIDISON Zip: 53704	Town Village RCity MADISON	(Month) (Day) (Year)
Kari Daggs	Kank clasys	Street: 809 W. Lexington Prwy City: De Forest WI zip: 53582	Drown Prvillage De Fores +	11 /16/2011 (Month) (Day) (Year)
tannah Miller	Dannah Mille	City: V (160 / Zip: 35 (0)	Town Village Madison	/ / 6/20/ (Month) (Day) (Year)
	Certification			L 0.
(Name of Circu nally circulated this recall petition and personally object with full knowledge of its content on the date indi	ulator) tained each of the signatures on this paper. I know that t	ify): I reside at (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know the	hat each person signed
11 / 16 /20/1	. /// ^		, n == 37- 10	

(Signature of Circulator)

(Day)

(Year)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Damon R. Butler DPB	Dama R. But	Street: 513 Powers Ave City: Madison zip: 53714	Town Blooming Grove	i 1 /15/20_i) (Month) (Day) (Year)
Kaym. Valdes	Kaylabe	city: Pelrfield zip: 5353)	Town CoHag	
Negan Vandenvanta	in Alegan Dandewet	City: Madison zip: 5376X1	SO Town Willage Mod SO O	\\ \/5/20 <u> 1</u> (Month) (Day) (Year)
Katie Smart	KatuSmARL	street: 205 Schenkst. City: MADISON zip: 53714	Town Village MADI Son	11 /15/2011 (Month) (Day) (Year)
PANCE McCoy	Jane Mc)	Street: 115 Georgiana Circle City: Madison zip: 537/6	Town Village Madison	// /15/20// (Month) (Day) (Year)
Thao Lor	That lo	Street: 1651 Wright 67 53704 City: Machison zip:	Town Uvillage Madison	//5/20_11 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
Kathrun NJ. Zu	Certification o	<u></u>	inst madiso	\sim

I, I know their perspective feel dences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. the paper with full knowledge of its content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content on the date indicated opposite his other national content of the date indicated opposit Page No. (Official Use Only) (Month) (Day)

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1. Michael G. Kueny	Michael J. Kruny	Street: 1/2 Noth 5t. City: Madison W1 zip: 53764	Town Village Madi Soil	11 /15 / 20 11 (Month) (Day) (Year)	Email Ekink Phone	
2. Carla Geovanz	Carla Georanis	Street: 718 Dempsey Rd City: Madison zip:53714	Town Willage Modison	1 /15/20 1 (Month) (Day) (Year)	Email Phone	
Danielli Stacy	Denilla Sacy	Street: 1218 MKINNA BIVE #405 City: Madison zip: 53719	Town Village Madism	(Month) (Day) (Year)	Email Phone	
MATHEW JALLOW		Street: 925 Tony Drive City: Maderay, W/ ZipS 3704	Town Ushage City MA VON	(//5/2011 (Month) (Day) (Year)	Email Phone	
MATHER JALLON 5. KATHLEEN MAIER 6.Michael terrey	Konley Mai	Street: Hoys Union St City: Mad, Son zip: 53704	Town Village Madi Son	////5/20_// (Month) (Day) (Year)	Email Phone	
,	Mile berg	Street: 1702 Rawland Avery City: Madison Wi zip: 53704	Town Village Madison	M/K/2011 (Month) (Day) (Year)	Phone (6	
7.	J	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
8.		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)	Email Phone	
9.		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)	Email Phone	
10.		Street: City: Zip:	□ Town □ Village □ City	//20(Month) (Day) (Year)	Email Phone	
Certification of Circulator Kathryn M. Zurlo , (certify): I reside at 1914 E. M. Flinst (Circulator's Residence - Street name and Number) (Circulator Municipality) Circulator Municipality)						

4 J . 1			cauon or Circulau		. 1	_ ^
1 Kathryn	M. Zurl	<u>ه</u>	, (certify): I reside at _	1914 E N	1. Flin St	Madison
`	(Name of Circulator)	1		(Circulator's Resid	lence – Street name and Number)	(Circulator Municipality)
I personally circulated this recall peti	ition and personally obtained each	n of the signatures on this paper. I	know that the signers are elec	tors of the jurisdiction or	district represented by the officeholder na	med in this petition. I know that each person signed
the paper with full knowledge of its	content on the date indicated oppo	site his or her mante. I know their	respective posidences given. I	support this recall petitio	n. I am aware that falsifying this certifica	tion is punishable under S.12.13(3)(a), Wis. Stats.
11 / 15	/20	19th	1. Salo			Page No. (Official Use Only)
(Month) (Day)			(Signature of	Circulator)		# 2213
			•		1000	ii

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	3 PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	ITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUI	NICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
willie Garrette	Stille / Sarretto		Town Village Made on	// /5/20 <u>7</u> / (Month) (Day) (Year)	Email Phone
PRICABIL DIAZ	2005	Street: 24 RUSSELL St.	Town Sefurest	(/ /15/20_// (Month) (Day) (Year)	FROME
KAREN BLOFELD	Kaker Blote 10	Street: 2969 Holborn CIRCLE City: MADISON Zip: 53718	Town Village WADISON	//5/20 (Month) (Day) (Year)	Phone
ANTHONY TALLMAPGE	Autory Talbrudge	Street: 718 DEMPSEY ROAD City: MADISON WI Zip: 53714	□ Town □ Village ☑ City MADISON	11 /15/20 11 (Month) (Day) (Year)	Email On' Phone
5. Stere Quan	Manh	Street: 505 Park wood 116 City: Mad 501 21053714	Town adust Madus M	(Month) (Day) (Year)	Email Phone
MARY DONA HE	Mary Donalue	Street: 44CE DIAMOND DR CityMADISONWI 25p:53714	Town Village MADISON	11 /5 /20 <u>//</u> (Month) (Day) (Year)	Email Phone
UCDI PATHMANN	Jadi Foftmann	Street: 4587 DENNIS DRIVE City: MADISON INI Zip: 53704	Town Uillage BURKE	11 /15/2011 (Month) (Day) (Year)	Phone (
8. Memodou Jaylow	JAHow	Street: 2405 CCILY PSO, R # 5 City: MADISON WI Zip: 53704	Town Village MADISON	/15/20 (Month) (Day) (Year)	Email Phone
2) Darrell Patterson	Daniel atten	street: 1418 Wayridge DF #301 City: Madisum WI zip: 53704	□ Town	[] /15/20_[] (Month) (Day) (Year)	Phone (
10. Richardo Mahare	Mb 72	Street: 261 Lake Mills zip: 5357	Town Utillage Lighte Milb	(Month) (Day) (Year)	Phone (
Kathryn M. Z (Name of Circui		of Circulator ify): I reside at 1914 E. M. fflin S (Circulator's Residence - Street name and		Municipality)	A 2 Circu
sonally circulated this recall petition and personally obtain	ained each of the signatures on this paper. I know that the	he signers are electors of the jurisdiction or district represented by the stidences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know the	nat each person signed 13(3)(a), Wis. Stats.	<u> </u>

(Day)

(Month)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

PRINTED NAMES OF ELECTORS			VOTING	
TRIVIED IVINIES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Jen Miller-Straffen	Affe I	street: 161 Fassell 5+ City: Madision zip: 53714	Town Village Madison	11/15/20 <u>1</u>) (Month) (Day) (Year)
David Mantey	The in	street: 2109 East Washington Ave#1	Town Village City \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
narco Martinez	mero must	street: 11647 E Huy 141 City: Avalon zip: 53505	Detrown City Bradford	(Month) (Day) (Year)
narco martinez David M. ROLNICK	WA/2	City: AVOLON Zip: 53505 Street: A718 MILWAUKEE ST City: MAP 15 0:N Zip: 53704	□Town □Village □City MAPISON	11 /15 /2011 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: ZIp:	□ Town □ Village □ City	/ /20(Mouth) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20(Month) (Day) (Year)
1)	Certification			
athryn M. Lui		tify): I reside at 1914 E. M. ff. In St. (Circulator's Residence – Street name and	Number) Madison (Circulator)	Municipality)

(Month)

SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Ronald A. Willner	Good S. Willan	Street: 11/3 N. Partview St City: Cottage Crove Zip: 53527	Town Village Cottage Grove	/(//5/20_/(Month) (Day) (Year)
Kim A. Carrillo	YEAR	street: 2289 S. Thompson or #3 City: Madison zip: 53716	Town Madison	11 /15/2011 (Month) (Day) (Year)
Ronald A. Wollner Kim A. Carrillo Idraic B. Cassidy	03C	street: 1521 Hoard St City: Madison WI zip: 53704	Town Village City Marson	(1 /15/20 <u>1</u> (Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20

	•	City:	Zip:		(,
3.1	. Certific	ation of Circulator		•	
I Kathrun M. Z	Eurlo	, (certify): I reside at 1914	E. Mifflin S	st <u>Madis</u>	<u> </u>
(Name of Circi	ulator)	(Circulat	tor's Residence – Street name an	d Number) (Circula	ator Municipality)
I personally circulated this recall petition and personally of the paper with full knowledge of its content on the date ind	ntained each of the signatures on this paper. I k icated opposite his or har name I know their r	know that the signers are electors of the juries respective residences eigen. I support this i	isdiction or district represented by the recall petition. I am aware that falsify	ing this certification is punishable under	now that each person signed S.12.13(3)(a), Wis. Stats.
(Month) (Day) (Year)		(Signature of Circulator)			2216
			8 ()		

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

XIII, Section 12 of the Wisconsin Con	nstitution and S.9.10 of the Wisconsin Stat	utes.	,	
THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALI	TY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	ICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
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Wichard F. Ziemann	Mr. Jacob Sama	Street: 712 W. Low Runct City CoTTage Grave zip: 53725	Town Cotted &	(/15/2011 (Month) (Day) (Year)
Ramulelingen	Danielo la Marin	street Pancla Lurning City: 4863 Mariek But 59525	Stown 1 Mega	// 15/20
Thoresa Peters	Theres (010)	Street: N3851 lankow Rcf City: Pornotte wet 215375	Trown Village Delorra	(Month) (Day) (Year)
Gloria heijes	Slowi Som	Street: 4002 Tomscot TT/ City: Madi EDN Zip: 53704	Town Village City Modi Son	11/15/20// (Month) (Day) (Year)
JanetMiller	Janet Miller	street: 80) Whispering Wuy	Down Cottage City Crove	// /15/20 (Month) (Day) (Year)
Katrina Gray	hti buy	Street: 57 5. Marque He st City: Mardison, WI zip: 53704	Town Village City Majisan	99/15/20_// (Month) (Day) (Year)
Jessica Maly	of Marky	Street: 3913 ROCKWELL Dr. City: Madison zip: 53714	Town Village Madison	\\\\/\)5\/20_\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Villiam Pornsh	Whit	Street: 2005 Partage FJ City May 1500 Zip: 5510H	Town Village Macison	11/1\$\frac{20_{\begin{subarray}{c} \limits \text{(Month) (Day)} \text{(Year)} \end{subarray}}
(i)		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
/ a =	Certification of			
(Name of Circulary circulated this recall petition and personally obtary with full knowledge of its content on the date indicated the content of th	ator)	fy): I reside at	(Circulator No. 1) (Circulator No. 2) (Circulator N	at each person signed

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"Hayley Taitz	Hoyley Tell	Street: GIS W. JOHNSON City: Madison zip: 53704	Town Madison		Email + Phone (
2. ANDREW PAPE	AndrewPape	Street: &35 W. Dayton St. City: Madison zip: 53706	Town Village Mad'501	11 /15/2011 (Month) (Day) (Year)	Email Phone	
3. Elize Svenson	USm	Street: 420 N. Park St City: Mad 301 Zip: 53706	Town Village Mad SON	(Month) (Day) (Year)	Email Phone (7)	
Dan McCannon	Dam	Street: 3726 7won Pr City: M. 600 - Zip: 53705	Town Village Madison	17 //5/20 11 (Month) (Day) (Year)	Email Phone	
JERALD V. Me (ALLIE	Jersen Mareje.	Street: 1925 P.KZ DR. City: F. T.Chbupg WE zip: 53713	Town City Fifth burg	// /5/20_(((Month) (Day) (Year)	Email Phone	
"Mary L. Hofkins	Mary L. Hopkins	Street: 22 Fordonct City: Madison Zip: 53704	Utillage Mady Son	1//15/2011 (Month) (Day) (Year)	Email Phone (
Lydia Greve	Lydia . June	Street: (15 11th St City: Baraboo zip: 53913	Town Village Bavaboo	11/15/201 (Month) (Day) (Year)	Email 9ve	
8. Elizabeth Fried	Elizabeth Fied	Street: 253B N 85th St City: Wanwat 15a zip: 53236	Town Wauwatosa City	// /15/20_1/ (Month) (Day) (Year)	Email 1	
9. Alex Mle	selle	Street: 642 State St. City: Madison Zip: 53706	□ Town □ Village ☑ City	il /16/2011 (Month) (Day) (Year)	Phone (
Joe Topping	Stopping	street: 821 Johnson St. City: Madison zip: 53706	Town Village Madison	11 / 15/20 11 (Month) (Day) (Year)	Email Phone (
Steven Hughes Certification of Circulator (certify): I reside at GUY Washington Ave 2 Madison Green Green Hughes						

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their spective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. (Signature of Circulator) (Day) (Month) (Year)

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1. Contine Turng	Caltur My	Street: 420 N. Park St. City: Madison zip: 53706	Town Uvillage Defity Madison	M 15 20 Er Pr
2. Mariah Clark	Phareigh Clark	Street: 1650 Kronshouge Drive City: Madison Zip: 53706	Town Village Madison	M / 15/20_11 E1 PH
3. Kathryn De Loon	Kather, Dedes	Street: 422 W Johnson City: Madison Zip: 124537	Town Village Scity Nalison	Month) (Day) (Year)
Victoria Jacobsen	1 the from	Street: 1200 Observatory Ox-	Town Village City Madi Sco	Month (Day) (Year) Er
5. Tatiuna Das	Tatim Das	Street: 6717 Harvest hill road City: Madison zip: 53717	Town Uvillage City Madison	
"Meghan O'dell	Meghan O'Dell	Street: 3201 S. Day Field Ave. City: MILNAU, KEE Zip: 53207	Town Village City M') wantel	07/15/20∐ En Ph
Rachel Levy	Madel Duy	Street: 420 N PANK ST City: Madizon Zip: 53706	☐ Town ☐ Village	Month) (Day) (Year) En
8. Barbar Petars	Bala stees	Street: 2038 É. M.Gl STUY City: M. Dau Zip: 53714	Town Village McO-5	11 /5/20/2 En (Month) (Day) (Year)
9. Early Hardcate	good Hardestee	Street: 1650 W- Kroush ge Dr City: Medijon Zip: 53706	Town Uvillage Deity Mardison	
Fella Mayernoff	Stella Mayely 8	Street: 101 E. Belle Ave Zip: 53217	Down Whiteson Bay	(Month) (Day) (Year) Er
Clause Humbel	Certification of	of Circulator	land a Alad car	

Stella Mayerhoff	Som March 8	Street: 101 E. Belle Ave.	Town Willage		11/15/2011
Grain Mayerman	24000 1000 J. 1) O	city: Whitefish Bay	zip: 53U7 City V	thitesish Bay	(Month) (Day) (Year)
	Certification	on of Circulator	al /		_
Steven Hyghes	,(certify): I reside at <u>504 W</u>	WashingtonAre	2 Madisor	<u>) </u>
(Name of Circ		(Circulator's Res	idence – Street name and Number)	(Circulator N	Municipality)
I personally circulated this recall petition and personally of					
the paper with full knowledge of its content on the date inc	licated opposite his or her name. I know their respec	tive residences given. I support this recall petit	tion. I am aware that falsifying this certific	cation is punishable under S.12.	13(3)(a), Wis. Stats.
1 1 1 1 1 1 20		YIII			Official Use Only)
(Month) (Day) (Year		(Signature of Circulator)		# 22 1	19

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Tyler Class	Taler Old	Street: 470 North Perh Street City: M. L. Ban Zip: 53706	□ Town □ Village M.M. 6. D'City	(Month) (Day) (Year)	Email Phone
2. Jeffrey Lewis	Affrey a Series	Street: 337 Jahan Street Chy: Marinette WI zip: 5443	Town Warinette	11/5/2011 (Month) (Day) (Year)	Email Phone
LORAN MEZERA	Loran Mezera	Street: 1213 NEUNON Rd City: MADISON WI Zip: 53704	Town Village Mad 509	11/15/20 <u>11</u> (Month) (Day) (Year)	Email Phone
4. Kov Kristin Beran	Karber	Street: N. Kandall Apt, E City: Mad Son, WI Zip: 5315	Town Village Madl 501	11 /15/2011 (Month) (Day) (Year)	Email Phone
5. Taylor Arnold	Kayla Obmold	Street: 470 N Park St # 514 City: Madison, WI zip: 53706	Town Village Sayner	(Month) (Day) (Year)	Phone
hadin Kaufman Jewell	Kaitin Kauffmen- flom	Street: 35 N. Parkst. 226 Stylingsmith City: Madison WI zip: 53715	Town Village Madison	1 / 15/20 1 (Month) (Day) (Year)	Phone (
7. Avdrey Margocratt	Andeyun	Street: 420 N. Park Street City: Mad. 30n, WI zip: 53716	Town Village Madi 490	11/15/20 <u>1</u> (Month) (Day) (Year)	Email Phone
8. Eric Wilson	Eric Wilm	Street: 420 N Park 5+ City: Mad 50n WI Zip: 53 206	Town Village Madign	1 /15/20 <u>)(</u> (Month) (Day) (Year)	Email Phone
Greeta Schrader	por	Street: 615 W Johnson St City: Madison, W1 zip: 53706	Town Village Mad:501	11 /15 / 20 11 (Month) (Day) (Year)	Email Phone
Alexis Rast	Avis Dos	Street: 821 W. Johnson St City: Madison, W1 zip: 537()6	□ Town □ Village	11 / 15/2020 (Month) (Day) (Year)	Email Phone
Steven Hughes Certification of Circulator, (certify): I reside at SOH W WAShington Ave 2 Madyson Circulator					

I, Jroven Nouve	, (certify): I reside at 2010 110 110 110 110 110 110 110 110 11	Nowiton
(Name of Circulator)	(Circulator's Residence – Street name and Number	er) (Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the signatur	res on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeho	lder named in this petition. I know that each person signed
the paper with full knowledge of its content on the date indicated opposite his or her r	name. I know their respective residences given. I support this recall petition. I am aware that falsifying this ce	ertification is punishable under S.12.13(3)(a), Wis. Stats.
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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 25

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THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Kevin File Sign: Zein Fle	street: 807 Jen. f. St.	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email Phone
Print: Easton Kons Sign:	Street: 1000 Egderwe College Dr. Madran 53711	Town Uvillage City (Municipality Name)	Month) (Day) (Year)	Phone (
3. Print: Nicole Bird Sign: Nicole Bird	street: 2519 Fish Hotely Rd.	□ Town □ Village '\$\ightarrow{City} Mad(\$\ightarrow{\text{Municipality Name}}\)	/(7 /20 <u> </u> (Month) (Day) (Year)	Email Phone
4. Print: Christina Stack Sign: Christina M. Stack	street: 4048 W. Anita Ln. City: Franklin zip: 53132	Town Village City Franklin (Municipality Name)	/17/20 <u>//</u> (Month) (Day) (Year)	Email Phone
5. Print: Kellian Hartshorn Sign: William Hartshorn	street: 1726 chadbourne Ave. City: Madison zip: 53726	Town Village City Mad SO (Municipality Name)	(Month) (Day) (Year)	Phone
I, Patrick Mener (Printed Name of Circulator)	Certify: I reside at [1416 Chapper Street Name and Nu	Lity of Mod mber) (Circulator Muni		Circulators, Please include your of

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				Madison, V
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: MARIT PETERS Sign: Marry Peter	Street: 47 Bagley Lt. City: MADISON Zip: 53705	□ Town □ Village □ City (Municipality Name)	11/15/20_11 (Month) (Day) (Year)	Phone (
2. Print: Rod Lysen Ko Sign: Rod Lysen Ko	Street: 7114 Pagham Dr. City: Madison Zip: 53719	□ Town □ Village □ City Mad i 5 or (Municipality Name)	///15/2011 (Month) (Day) (Year)	Phone (60%
3. FANN LEUNG Sign: Fanny Leung	Street: 563/ Tall Oaks Rd city: Warnakee zip: 53597	Town Willage City Wallnakee (Municipality Name)	// //7/20	Phone (608
4. Print: LISA HANCOCK Sign: Lisa Hancock	Street: 1810 KEYES -	☐ Town ☐ Village ☑ City MADISON (Municipality Name)	1 /17 /20 11 (Month) (Day) (Year)	Phone (608
Sign:	Street: City: Zip:	☐ Town ☐ Village ☐ City (Municipality Name)	/ /20(Month) (Day) (Year)	Phone (
	Cartification of Circulator			

I Carolyn DeLyna (certify): I reside	. 77 Ward Read Was	Estchburg, WI 53
(Printed Name of Circulator)	at 77 Wood Brook Way (Circulator's Residence - Street Name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each of the s named in this petition. I know that each person signed the paper with full know recall petition. I am aware that falsifying this certification is punishable under statements.	ledge of its content on the date indicated opposite his or her name. I know th	
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(Signature of Circulator)

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Etchhar WI 53711 Circulators, Please include your co

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Committee

PO Box 256

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

THE MUNICIPALITY USED FOR MAILING PO	URPOSES, WHEN DIFFERENT THAN MUNICIPA	ALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN		S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
Ryan Evans	Byan hous	Street: 1325 Randoll C4. Apt 10 City: Mod/SOV zip: 53715	Town Village Modison	(Month) (Day) (Year)
Ryan Evans Linda Vanto	Sud Va 27	Street: 2310 Van Hise Ave City: Madison zip: 53726	Town Village Madison	11/17/20 <u>M</u> (Month) (Day) (Year)
Carl Maly	Cal Mal	Street: 1717 Legacy Ln City: Madison WI Zip: 53719	Town Uillage Print Washington	11 /17/20 <u>11</u> (Month) (Day) (Year)
Michelle Martinez	M Waiting	Street: 834 Dane St. City: Wadison W zip: 537//	Town City Madison	// /7/20// (Month) (Day) (Year)
William Dougherry	vielen Derfor	Street: 1000 Eagewood Collage Dr City: Madison zip: 53711	Town Village Scity Madison	11 /17 /2011 (Month) (Day) (Year)
		Street: City: Zip:	□ Town □ Village □ City	/ /20 (Month) (Day) (Year)
		Streei: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
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		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
	or) led each of the signatures on this paper. I know the dopposite his or her name. I know their respecti	ertify): I reside at 363 Princeton Ave 4 (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the law residences given. I support this recall petition. I am aware that falsifying the signer of the properties of the prope	officeholder named in this petition. I know t	
V(/ 1/ /20 f)	ally de MA	(Signature of Circulator)	Page No. (6	Official Use Only)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C	
rin: Rowen Eggson sign: haw eggel	Street: 2500 LUDIVIH City: Lladison zip: 63713	Town Village City (Municipality Name)	U/17/2011 (Month) (Day) (Year)	Phone (
Print: Jackie Emmerich sign: Jackie Emmerich	Street: 910 Midland St. City: Madison zip: 53715	Town Village Xi City Madison (Municipality Name)	11 /17/2011 (Month) (Day) (Year)	Phone (
3. Print: Pori Flynn Sign: Poutly	Street: 149 S. Hancock St City: Mallison Zip: 178	Town Stillage Scity (Municipality Name)	21 /17/20 11 (Month) (Day) (Year)	Phone (
Print: Angela Olson Sign: Angela Orsun	Street: W11047 Fague DV City: LOdi zip: 53555	MTown ☐ Village ☐ City (Municipality Name)		Email Phone	
5. CARRIA TOMPON Sign: CARRIA MONGON	Street: 5306 CONGRES AVE #1 City: Malison, WI zip: 53718	Town Village (Municipality Name)	(Month) (Day) (Year)	Email Phone	
Certification of Circulator Med Wished 303 Princeton Ave TB 1244 of Marien					

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Circulator's Residence - Street Name and Number)

(Day) (Year) (Signature of Circulator)

Circulators, Please include yo Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING		
1. Emanuel Stern III sign: Emanuel J. Stern III	street: 1810 Kenneth St.	Town Village City Madison	11 /17/2011 (Month) (Day) (Year)	Pho	
\mathcal{O}	city: Madison zip: 53711	(Municipality Name)		(-	
2. Print: Eva Folk Sign: Sua Dok	Street: la Gray Fox Circle	□ Town □ Village □ City (Municipality Name)	11 /17/20 ((Month) (Day) (Year)	Pho	
3. Rayla WKOFF	City: Madison zip: 53717	□ Town		Ema	nail
sign: Wayla Cutyloff	Street: 1000 Edgewood Collegedor	(Municipality Name)	17/17/2011 (Month) (Day) (Year)	Pho (one
4. Megan Thornburgh	street: 1532 Moreau Dr.	Town Village Sun Prairie	11/17/2011	Ema	
sign My goud Note &	civ. Sun Prairil zip. 53570	(Municipality Name)	(Month) (Day) (Year)		,,,,,
5. Print PENNY Hubbard	Street: 6229 thorns bury Dr	□ Town □ Village □ SeCity	/.a/aal.	Ema	ail
Sign: Jarry Jubband	city: Mad. son WI 53719	(Municipality Name)	Month) (Day) (Year)	Pho (one
Med Note N	Certification of Circulator	\	Mison		
(Printed Name of Circulator)	certify): I reside at 303 Prinuth Ave A (Circulator's Residence – Street Name and Nu	<u> </u>		Circulate Please inclu	lude yo

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	C
1. Print: Becca Scheunemann	Street: 1000 Edgerwood College Dr	□ Town □ Village SECity Had1Sa		Phone
Sign: Becca Schwremau	city: Madison zip: 53711	(Municipality Name)		(
2. Catharine Krause Sign: Cathary Weuse	Street: 180 S. Washington Str	Town Village A City	11 /17/2011 (Month) (Day) (Year)	Email
Sign: WWW IV WWW	city: Water 100 zip: 53594	(Municipality Name)	, , , , , , , , , , , , , , , , , , , ,	(
Print: Teral E. Champian	Street: 554 Maywood St #2	□ Town □ Village □ City	11/17/204	Email
Sign Deral 2. Champ	city: Madison WI zip: 53704	(Municipality Name)	(Month) (Day) (Year)	Phone (
1. Print: Renée Gouaux Sign: Renée Gouaux	Street: 2548 Williams Dr.	Town Village City City Clasant Syrings (Municipality Name)	11 /17/20 <u>11</u> (Month) (Day) (Year)	Phone
•	City: Stoughton Zip: 53589	(Municipality Name)		(-)
5. Print: Nichole C. Rosa-Robynson Sign: Hole C. Rosa-Robynson	Street: 273 Fir Lane	☐ Town ☐ Village ☐ City MacsNall (Municipality Name)	Il /IT/20	Phone
I. Afex Welrard	Certification of Circulator certify): I reside at 303 Printles Ave 172	Madison, Cit		
(Printed Name of Circulator)	certify): I reside at (Circulator's Residence – Street Name and Nu.	mber) (Circulator Munic		Circulators,

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month)	(Day)	(Year)	(Signature of Circulator)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Print: John M Kibler Sign: Jam K	Street: 5118 E. Buckeye Kd. City: Madson WI zip: 53716	□ Town □ Village ■ City (Municipality Name)	(Month) (Day) (Year)	Email hone	
2. Michael Cullinane Sign	Street: 1918 Rowley Ave City: Madison WF Zip: 53426	Town Welcom (Municipality Name)	/(7/20 <u>//</u> (Month) (Duy) (Year)	Phone (
3. Print: Lioranna Pender Sign: Johanna Pender	street: 510 Sheldon Street City: Madison, WI zip: 53711	Town Village City (Municipality Name)	11 /1 8 /20 <u>1/</u> (Month) (Day) (Year)	Phone (
4. Print: DAVID BURKE Sign: David M. Buk	Street: 38 S. MEADOW LN City: MADISON, WI Zip: 53705	☐ Town ☐ Village City MAD: 50 (Municipality Name)		Phone (
5. Print: Kimberly Scardino Sign: Badin	Street: (AN LINCOLD RIDGE DY ASTA) City: Madison 210:53719	Town Village City (Municipality Name)	11 / 17/20 1 \((Month) (Day) (Year)	Phone (
As we have	Certification of Circulator	Λ 1.			
I, Alex Whin M (Printed Name of Circulator)	(certify): I reside at 303 Prinuten Ave 72 (Circulator's Residence – Street Name and Nu	mber) Maligon, City (Circulator Muni	cipality)	Circulators Please include v	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott

Committee Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes. PO Box 25 Madison, ' THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CON Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town □ Village **City** Phone Email □ Town ☐ Village City Phone Email □ Town □ Village City Phone Email □ Town Grant Mickesh ☐ Village Street: 906 S. Brooks Z-City Madison Phone (Municipality Name) Madison, WI Email □ Town Print allivon Munson □ Village Madium Phone sign: allisen Murser (Municipality Name) Madison

I, Alex Weihard	, (certify): I reside at 303	Princeton Ave 172	City of Madisan
(Printed Name of Circulator)	(Circulator'	's Residence – Street Name and Numbe	r) (Circulator Municipality)
	ne paper with full knowledge of its conte	ent on the date indicated opposite his or her	the jurisdiction or district represented by the officeholder name. I know their respective residences given. I support this
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(Signature of Circulator)

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(Day)

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Certification of Circulator

<u>2228</u>

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Walker from office pursuant to Article XIII, S	Section 12 of the Wisconsin Constitution and S.9.10 of the W	Visconsin Statutes.		PO Box 256
THE MUNICIPALITY U	ISED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Pamely Bahler Sign: Paneg beall	Street: 24 JG EUST WISH A 9	Town Usullage UCity Madison (Municipality Name)	(Month) (Day) (Year)	Phone
2. Brian Zweifel	city: mad usch zip: 5304	□ Town		Email
Sign: Sign:	city: Madison W zip: 53703	Madison (Municipality Name)	(Month) (Day) (Year)	Phone (COS)
3. ,	City: IVEID SOM W(Zip: 3770)			Email
Print: MIKE ElbayM	Street: Mad Son WE 53711 City: \$42 6800 8748 / zip: 63711	☐ Town ☐ Village	()/16/20 <u>}}</u> (Month) (Day) (Year)	Phone ()
4. Craig Tiedemann Sign: Right	Street: 4714 Mandrake Rd.	Town Utillage City MadrSon (Municipality Name)	11/16/20 <u>11</u> (Month) (Day) (Year)	Email Catical Phone
, ,	City: Madison WI zip: 53704			(608)
Sign Print: Ervin	City: Madison WI zip: 53704 638 Braxton Sacl Street: Madison WI zip: 53704 City: 53715	Town Village City Madiso (Municipality Name)	///6/20// (Month) (Day) (Year)	Phone (
L CALL FACAS	Certification of Circulator			
I, LEAH EDGAR (Printed Name of Circulator)	(certify): I reside at 1025 JENIFERST APT (Circulator's Residence - Street Name and Nur	mber) (Circulator Munic	- i lia \	Circulators,
	`	,	1 37	Phone Phone
	btained each of the signatures on this paper. I know that the signers are elector			(608)

I, (certify): I reside at 1025 JENIFERST APTIE

(Printed Name of Circulator)

(Circulator's Residence – Street Name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Shawn Bances	street: 434 W Mifflin Str #318 67702	Town Village RCity	11 /16/2011	Email Ca va
Sign: DXreum 15curly	city: Madison WI zip: 53703	(Municipality Name)	(Month) (Day) (Year)	(608)
Print: Samuel Desmond	Street: 547 W Mifflin st	☐ Town ☐ Village	11/(6/2011	Email 5de Sm
Sign:	city: Madison zip: 53703	(Municipality Name)	(Month) (Day) (Year)	Phone ()
3. Print: Molly Ryan		☐ Town		Email
Sign: MUJUM	Street: Genry court City: Madison zip: 53715	Village City Made 500 (Municipality Name)	(Month) (Day) (Year)	Phone ()
4. MARE MCEAHEREN		☐ Town ☐ Village ☐ City		Email
sign. Mind m July	Street: 2829 OAKALI DEE AVE	(Municipality Name)	1 /6 /20 11 (Month) (Day) (Year)	Phone
5. 11. (11. 1.	City: MAD(50N Zip: 5370Y	☐ Town		Email
Print: Henry Southgate	Street: 6634 Offshare Orive	U Village D City Macison	11 / 16/20 11	hank!
sign: Mwy Julyn	City: Ma 4300 Zip: #53705	(Municipality Name)	(Month) (Day) (Year)	(COS)
	Certification of Circulator	15 Ma 1:-		
LEAH EOGAR	(certify): I reside at 1025 Jenifer St #	-IE Madiso	<u>n</u>	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Month) / (Day) / 20 / (Year) (Signature of Circulator)

Page No. (Official Use Only)
2230

(Circulator Municipality)

Circulators,
Please include your cont
Phone

(608)(Email

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Committee

PO Box 256

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US:

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON	
1. Keith Gale sign: Keith Bale	street: 15 N. Hancock St. 704 City: Madison zip: 53703	Town Village XCity (Municipality Name)	// //6/20// (Month) (Day) (Year)	Email Garc Phone (608)	
2. Print: Charlie Struchtiek Sign:	street: 26\$ Lington St City: McEiSan zip: 53703	Town Village LCity MC+ SCM (Municipality Name)	(Month) (Day) (Year)	Email 57 Phone (612	
3. Print: Andrea Trinkle Sign: Andrea Trinkle	street: 938 Eagle Heights, Apt. C city: Madison WI zip: 53705	Town Village Village Otty (Municipality Name)	// // /20 11 (Month) (Day) (Year)	Email antro Phone (418	
4. Kelli Keclik sign: Kelli Keclik	street: 2623 Coolidge st city: Madism 24p: 53704	Town Syllage City (Municipality Name)	///b/20_/\ (Month) (Day) (Year)	Email Kec Phone (b) 8	
5. Print: KIVSTEN TEG III Sign: Kusun Jewill	street: 10025pringSt. Apr R Giv: Madison zip: 53715	Town Village City May 150 M (Municipality Name)	11/16/2011 (Month) (Day) (Year)	Phone	
. ~	Certification of Circulator	v /:			

1 5		
LEAH EDUAR (cor	Certification of Circulator tify): I reside at 1025 Jenifer St #15	Madison
(Printed Name of Circulator)	(Circulator's Residence - Street Name and Number)	(Circulator Municipality)
personally circulated this recall petition and personally obtain amed in this petition. I know that each person signed the paper ecall petition. I am aware that falsifying this certification is puting the control of	ned each of the signatures on this paper. I know that the signers are electors of the er with full knowledge of its content on the date indicated opposite his or her name unishable under S.12.13(3)(a), Wis. Stats. Signature of Circulator)	jurisdiction or district represented by the officeholder e. I know their respective residences given. I support this Page No. (Official Use Only) # 2231

Return by

Committee PO Box 25

Circulators,

Phone (& 0 &

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: WADE M. OF IS	street: 1926 Sachtjen St.	Town Village Scity (Municipality Name)	(Month) (Day) (Year)	Augelo Phone
2. Print: Anna Graupner Sign: Aua Drayn	street: 2020 Allen Blvd. #4 city: Middleton zip: 53562	Town Village Striy Middle to N (Municipality Name)	(Month) (Day) (Year)	Email AGY Phone
sign/Katn Faller	street: 12000165ervatory Dr city: Madson zip: 5-3706	Town Village City (Municipality Name)	(Month) (Day) (Year)	Email (Catrice Phone (7/5
Print: LWDA PARK	street: 13-A University Huses city: Madison zip: 53765	□ Town □ Village □ City MacUS FN (Municipality Name)	(Email Spail Phone
5. Print Christina Jackson Sign: Christin Jackson	City: Madison, WI zip: 53705	Town Village City Madison (Municipality Name)		Email C) OC Phone (608
, LEAH EDGAR	Certification of Circulator Certify: I reside at 1025 Denifer St #1E	5 Madison	1	

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

(Printed Name of Circulator)

(Circulator's Residence - Street Name and Number)

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(Month)	(Day)	(Year)	(Signature of Circulator)	# 43333

Return by

Committee PO Box 25

Circulators,
Please include your o

(Circulator Municipality)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	Constitution and S.9.10 of the Wisconsin Sta		HODALITY OF BESIDENCE MILET ALWAY	DE LISTED
	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	STREET & NUMBER OR RURAL ROUTE	VOTING MUNICIPALITY OF RESIDENCE	DATE OF SIGNING
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	Rural address must also include box or fire no.	(Indicate Town, City, or Village)	DATE OF SIGNING
1. Brent Amberger	Bus and	street: 2331 Badge / parkiway # 16	⊠Town □ Village	11 /16/2011
		city: Madison zip: 53713	City Mad:Son	(Month) (Day) (Year)
2. Lynn Hrabik	Jan Hastis	Street: W3266 Hofa Park Rd	M Town □ Village	11 / 16/2011
– [Cosper Home c	city: Pulaski zip: 54162	City Lessor	(Month) (Day) (Year)
3		Street: 410 w mifflin	Town Village WADISO	# / IL/204
185 BECKER	1 Sukun	city: Wedroo Zip: 53703		(Month) (Day) (Year)
4.		Street: 661 Mendora Count	≱ Town □ Village	11 /16/2011
Alex tomage	allx Salvan	city: Ma a son, we zip: 53 703	City Mad San	(Month) (Day) (Year)
5.	Wall to	Street: 225 W Gilman #1	Town ☐ Village	11/16/2011
Molly Hayman	Name	city: Madison, Wl zip: 53703	City Madi SM	(Month) (Day) (Year)
6. Ni a - (a)	n. /./	street: 442 W. Dayton St. #2R	Town Willage Mudison	11/16/2011
Nina Carlson	melle	City: Madison zip: 53703	City / TOO 130M	(Month) (Day) (Year)
7. Amy Gangl	d = 41)	Street: 1619 Elderwood Circle	Town Widdle for	11/16/2011
Mind Gang 1	percon	city: Middleton W1 zip: 53562	City	(Month) (Day) (Year)
8. \(\)	7.1.11	Street: 938 Eagle Heights Apt. C	Town Village A	11/16/2011
Dennis Trinkle	Your menter	city: Madison zip: 53705	Uvillage Madison	(Month) (Day) (Year)
" Preston Schmitt	D (Q) A	Street: 212Maron St Apt. #102	Town Village A A	11/16/2011
Treston Schmill	Sasta Michael	City: Madsia Zip: 53703	Village Malle	(Month) (Day) (Year)
10.	(()	street: 412 Wisconsin Avenue	☐ Town	11 /16/2011
Cric Larlson	2:66	city: Madison zip: 53703	PCity Madison	(Month) (Day) (Year)
		i di Circulator		
(Name of Cir		ertify): I reside at 1025 Jem tw St 7 (Circulator's Residence – Street name an	FIE Madis	U Municipality)
(Name of Cir	cuiuioi)	Circulator s Nestaence – street name an	a manuel) (Circulator I	mmupuny)

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(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes

XIII, Section 12 of the Wisconsin C	Constitution and S.9.10 of the Wisconsin Sta	itutes.		
THE MUNICIPALITY USED FOR MAILI	NG PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	LITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUN	VICIPALITY OF RESIDENCE MUST ALWAY	S BE LISTED.
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
calandra Modernard	Chus	Street: 311 State St. #201 City: Madison zip: 53703	Town Uvillage Phity Madison	(Month) (Day) (Year)
Social Perez	Are	Street: 116 Rosemary Ave City: Madison Zip: W	□ Town □ Village TY City MAD UC ~	11 /16 /20 11 (Month) (Day) (Year)
Mafmudije Selini	Mapy Sil:	street: 444 W. Wilson #305 City: Madison, Wl zip: \$53703	□ Town □ Village □ Circ □ A A Ca	11 / 16 / 20 11 (Month) (Day) (Year)
Vedran Vasic	Nedmelan	street: 102. N. Orchard St. City: Madison WI zip: 53775	Town Village Madison	
Nick Levine	Juf Jun	Street: 104 Gilman st #11 City: Madison zip: WI	Town Unlage City Madison	/6/2011 (Month) (Day) (Year)
Vick Tayor	Wich Taylor	Street: 4207 Major Ave City: Madison WI zip: 53716	Town Village Socity Madiso	(Month) (Day) (Year)
Art Grimn	0+X)	Street: SS8 Harwst Ln City: Vorona zip: S3593	□ Town □ Village \$\mathcal{G}\text{City} \text{\$\mathcal{G}\text{\$\mathcar{G}\text{\$\mathcal{G}\text{\$\mathcar{G}\text{\$\mathcar{G}\text	(Month) (Day) (Year)
Kimberly Koopman	Kimbre Jagrum	Street: 633 Langton St., Apt 415 City: MADISON zip: 53703	Town Village MADC 6 N	11 //6/20 <u>11</u> (Month) (Day) (Year)
Wilson Torme	Tulthe	street: 1516N. 2nd St City: Shubaygan, WI zip: 53081	Town Village Shebaygen	11 /16/2011 (Month) (Day) (Year)
"Brianne Markowski	Bene Usekashi	Street: 1667 Capital Ave # 15 City: Madison zip: 53705	Town Village Madism	(Month) (Day) (Year)
1		of Circulator	4. /	
Name of Circulated this recall petition and personally of	culator)	rtify): I reside at 1025 Jemifer 84 = (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the		Municipality)
		e residences given. I support this recall petition. I am aware that falsifyi		
1/2 2011			,	

(Signature of Circulator)

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
LEAH EDGAR	Jo	Street: 1025 JENIFER ST APTIE City: MADISON WI zip: 53703	□ Town □ Village SCity Madison	11 /15/20 11 (Month) (Day) (Year)
Jon Carapezza	- Julyn	street: 425 w. Wilsonst, #7 City: Madison zip: 53703	Town Village Machis ON	(1 /6 /2011 (Month) (Day) (Year)
Laura DonoMue	Laura Donohul	Street: 137 Lathiop 87. City: Madison zip: 53776	Town Uvillage City Modifier	(Month) (Day) (Year)
Army Quan Barry	Chy Juan Hay	Street: 503 WEST DOTY St. City: MAP ISON, WI Zip: 53703	Town Village MMI)	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Amy Unger	Rey Over	Street: 427 W. Main St #305 City: Madison, W. zip: 53703	Town Village MADISTN	11 /16/20 11 (Month) (Day) (Year)
Alamon Cipra	AL	Street: 700 glenway City: Madison zip: 53713	Town Village Modison	11 /16/20 <u>11</u> (Month) (Day) (Year)
Linda Bentz	Inda Bf	Street: 800 877 Birgham Rd City: Edgerton WI Zip: 53534	XTown Albion - Uvillage Edge to n	// //6/20// (Month) (Day) (Year)
Grace Graszer	Grand Juan	street: 505 University Ave Apt. 305 City: Madison WI Zip: 53703	Town Ovillage RCity Madison	11 /16/2011 (Month) (Day) (Year)
Stephanie Hobbins	Stephais	Street: 117 W. Dayton St. #3 City: Madison, WI zip: 53703	Town Village Madism	11 / 16/20 1 (Month) (Day) (Year)
elBabethGodec	Etyster Juride	street: 1013 Spring St. #2 City: Madison W1 zip: 53715	Town Uvillage Be City Made SUM	
LEAH EDUAR		of Circulator tify): I reside at 1025 Jenster St #	iE Madi	son
(Name of Circulated this recall petition and personally obt	lator) ained each of the signatures on this paper. I know that	(Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsify:	d Number) (Circulator e officeholder named in this petition. I know	Municipality) that each person signed

(Signature of Circulator)

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

waker from office pursuant to Article Afft, Section 12 of the Wisconstit Constitution and 5.9.10 of the Wisconstit Statutes.				; PO Box 230
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Wiadison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Maya Benford Sign: May Phol	street: 2502 E. Mifflin St City: Madison zip: 53704	Town Village Village City (Municipality Name)	(Month) (Day) (Year)	Email W Wis
2. Print Jose Fletcher Sign: Jose & Metcha	Street: 2237 NYOMING	Town SUN PRAIRIE Village Decity (Municipality Name)	// // 20	Phone (608)
sign: Jack Vares e	street: 98 Richard Street City: Verona zip: 53593	□ Town □ Village □ City (Municipality Name)	///6/20 <u>[</u>	Email Phone
4. Priot: ANNA HASKINS Sign: ANNA HASKINS	street: 157 Jackson St. #2 City: Madi88h zip: 53704	Town Village City Mad Sou (Municipality Name)		Phone (608)
5. Print: Donald Marshay	street: 1926 SACHju St City: MAdison zip: WI	Town Village City MAJ (SM) (Municipality Name)	(/ /((d 20 1) (Month) (Day) (Year)	Phone (400)
I, LEAH EDGAR (Printed Name of Circulator)	Certify): I reside at 1015 JENIFER ST APT (Circulator's Residence - Street Name and Num			Circulators, Please include your co
	otained each of the signatures on this paper. I know that the signers are elector	rs of the jurisdiction or district represented by the	officeholder	Phone

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can petition, 1 am awar	e that raisirying	this certification is pun	snable under 5.12.13(3)(a), wis. Stats.	
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THE MUNICIPALITY	USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Print: Carolyn Barker Sign: M Bark	Street: 7766 Radcliffe Dr. Apt. D City: Madison zip: 53719	Town Village City Man Son (Municipality Name)	/16/20 <u> </u> (Month) (Day) (Year)	Cy bar Phone (608)
Print: Pebecca Gongon sign: Pelvilla Gongon	Street: 2710 E. Johnson City: Madison WI Zip: 58704	☐ Town ☐ Village ☐ City (Municipality Name)	(Month) (Day) (Year)	Phone (60 8
3. Print: Michael Gran Sign: Milwellan	Street: 10 N Orchard St #22	Town Village City Madison (Municipality Name))(//6/20/(Year)	Email CMO Phone (Total
4. Print: auy Rehlun Sign: Any Replun	street: 614 Lang don #401 city: Madison zip: 53703	Town Village City (Municipality Name)	(Month) (Day) (Year)	Phone (\(\lambda \) \(\lambda \)
5. Print: Tanya Cobb Sign: Januarya Cobb	Street DENOSTHE WIT 537	Town Village City EU2NSSILE (Municipality Name)	(Month) (Day) (Year)	Cobb t Phone (608)
, LEAH EDGAR	Certification of Circulator (certify): I reside at 1025 Jenifer St#	E Madiso	m	

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(Circulator's Residence - Street Name and Number)

(Signature of Circulator)

(Printed Name of Circulator)

(Circulator Municipality)

Circulators,

Please include your co

Return by .] Committee

PO Box 256

To the Wisconsin Government Accountability Walker from office pursuant to Article XIII, S	y Board: We, the undersigned qualified electors of the State Section 12 of the Wisconsin Constitution and S.9.10 of the V	of Wisconsin petition for the recall of Wisconsin Statutes.	f Governor Scott	Committee t PO Box 256	
THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA	
1. Print: PAVID J WIEMILLER S	e. Street: 454 MEADOW LANE	☐ Town ☐ Village City	11/16/20 11	Email	
Sign: David J. Wienuller CP.	CHY: EVANSVILLE WEZID: 53536	EVANSVILLE (Municipality Name)	(Month) (Day) (Year)	Phone ()	
Print: Erin Coutts	street: 635 Elm Drive	□ Town □ Village ▼City	11 /16/20 <u>11</u>	Email ecout	
NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RUBAL ROUTE Rand address most also include box or fire no. 1. Prote: PAVID J WEMILERSE. Borne: 4.5 4 M E ADOW LANE Cor. EVANSVILLE WILE WILE 53536 2. Prote: Fin Coults Security West Bood (Municipality Name) Cor. EVANSVILLE WILE WILE SECURY West Bood (Municipality Name) Cor. EVANSVILLE WILE WILE SECURY West Bood (Municipality Name) Cor. EVANSVILLE WILE WILE WILE WILE WILE WILE WEST BOOM (Municipality Name) Cor. EVANSVILLE WILE WILE WILE WILE WILE WILE WILE	(262)				
sign: Constanta Connall	Street: \$ 0xwood 100	Village RCity Mael 500	//6/20_1 (Mouth) (Day) (Year)	Phone (LOV)	
Walker from office pursuant to Article XIII, Section 12 of the Wisconsis Institutes. TOW MUNICIPALITY USES FOR MALLING PRISONS, WIND DIFFERING PLAN MAN OF BREATHY OF RESIDENCE MUST ALL WAYS BE LISTED. NAME & SIGNATURES OF ELECTORS STREET & NUMBERS OR BURGAL ROUTE Fine DAVID J WIE MILLER SP. South 45 4 M = ADOW L 4W = 100 M	Email Cjh				
	Phone (707)				
I, LEAH EDGAR (Printed Name of Circulator)	Certification of Circulator	#IE Madisor umber) (Circulator Muni		Circulators, Please include your con	
named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowledge of its content on the date indicated opposite his or	r her name. I know their respective residences gi	ven. I support this	Phone (008) Email	
(Month) (Day) (Year	(Sinfature of Circulator)	# <u>2238</u>	i	leaht	

(Year)

(Signature of Circulator)

(Month)

(Day)

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison, W
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTA
1. Print: Jessica L. Blois sign: Gessica I Blois	street: 833 E. Gorham St.	□ Town □ Village ▼ City Maddsin (Municipality Name)	\\\/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Vessical Phone (lesso)
Print: DAN R. Annerson Sign: Dan R. Gulesson	Street: 1521 VILAS AUG City: MADISM 219: 53711	□ Town □ Village □ City MADISM (Municipality Name)	// //6/20/// (Month) (Day) (Year)	Email Gander Phone (608)
3. Print: Susan E Montgomery Sign: Shann Mantgomery	Street: 445 Clear brooke Terrace City: Coffage Grove zip: 5352>	□ Town □ Village □ City Cottage Grove (Municipality Name)	// //6/20_// (Month) (Day) (Year)	Email SUSCLM Phone (608)
4. Print: James Hook Sign: James Hook	Street: 4110 Parack Ave	Town Sillage City (Municipality Name)	1/16/20_1/ (Month) (Day) (Year)	Phope (bl 6)
5. Luke Gmino sign: All A- Chillies	Street: Application 1228 Bow en ct	Town ☐ Village ☐ City (Municipality Name)	Month) (Day) (Year)	Phone (267)
I EAH FOR SA	Certification of Circulator	E Madison	•	
I CORU CUATR,	(certify): I reside at 1025 Jenifer 8+ #1	<u> </u>	χ	Circulators

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder nan reca

(Circulator's Residence - Street Name and Number)

(Printed Name of Circulator)

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all petition. I am awa	are that falsifying	this certification is punisha	ible under S.12.13(3)(a), Wis. Stats.	
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Please include your con

(Circulator Municipality)

Return by Ja

Committee t

PO Box 256

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE. IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CON Rural address must also include box or fire no. (Also Indicate Town, City, or Village) □ Town ☐ Village 1501 Yellow Cress Dr 'City (608 ☐ Town ☐ Village City (Municipality Name □ Town 1712 Onsqued RH3 ☐ Village City (608 ☐ Town Village City **⊠**Town ☐ Village Street: 8430 Moserschmidt Dr Menava 11/16/2011

Sign	full for	- Jenna	z _{19:} 53593	(Municipality Name)	(Month) (Day)
T.	LEAH EDGAR		Certification of Circulator 25 Lenifer St #1E	Madis	ۍر
,	(Printed Name of Circulator)	(Cire	culator's Residence – Street Name and Nun	nber) (Circulator Mur	icipality)
T		hu abtained each of the signature	a on this name. I Image that the signers are elector	of the invisdiction or district represented by	the officeholder

named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

l 6 (Day) (Month) (Year) (Signature of Circulator)

(608

Circulators. Please include your co Phone

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The state of the s		CONTRACTOR OF NOT SUBSECTIONS		Madison, V
THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.		
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONT
1. Edwanike Harbour sign: Edwal (Street: 4320 N, 19th St.	Town Village Village M. Waylee (Municipality Name)	(Month) (Day) (Year)	Email Char Phone
	city: Milwarkee zip: 53209			(604
Print: Molly Orchino Sign: Maly On	street: 120 Ivaquais Ave	□ Town 12 Village □ City Allower (Municipality Name)	/ / 20 / (Month) (Day) (Year)	Email Moc () Phone (9 70)
3. Print: DANIEL BOYK Sign: Oano Mark	street: 2331 BADGER PKWY	City (Municipality Name)	(Month) (Day) (Year)	Email DISC Phone (GOS
	City: MADISON Zip: 53713			Email
4. Print: Molly LloyD Signx Moelly Sleyd	street: \$08 N again AP+ CI City: Madison zip: 53703	□ Village □ City MADISO N (Municipality Name)	\\ \/ \[\(\langle \) \/ \(\langle \) \(\	Phone (
5.	City: V Court JOV Zip: O J (O Z	∑ Town		Email Kleinl
Print: Karla Klein	Street: 3784 Caribou Rd.	Village City Middleton	11/16/2011	Phone
sign: Harlakho	city: Verona zip: 5358	(Municipality Name)	(Month) (Day) (Year)	
	Certification of Circulator	<u> </u>		
	(certify): I reside at 1025 JENIFER STAPT 18	MADIST		Circulators,
(Printed Name of Circulator)	(Circulator's Residence – Street Name and Nu	mber) (Circulator Muni	сіраніу)	Please include your c

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats

(Month) (Day) (Signature of Circulator) Please include your Phone

Return by,

Committee PO Box 250

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by Committee PO Box 2:

THE MUNICIPALITY U	SED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS			Madison,
NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CON
1. Print: Hilary Tal sign Liday H	street: 113 North Butter St Apt 2 City: Mad: 800, W1 zip: 53703	□ Town □ Village Village (Municipality Name)		Phone
2. Print: AHK GY DY Sign: ALLY J. Gely	street: 415 F WWShingtonst	National City (Municipality Name)	// /15/20 (Month) (Day) (Year)	Email Phone
3. Carter McDondl Sign Cartle MRS	street: 1851 Monrue 53711 City: Madisun zip: +5	Town Village City Mad 50 (Municipality Name)	[[/ S/20]] (Month) (Day) (Year)	Email Phone
4. Print: Tasha Whilson Sign: Tasha Whilson	street: 7409 Old Sauk Rd #7 City: Madison zip: 55717	□ Town □ village City Municipality Name)		Email Phone
5. Print: Jennifer Owens Sign:	street: 1835 Winnelbago St 401 City: Madi 800 zapl 31 53764	☐ Town ☐ Village Ø City (Municipality Name)	(Month) (Day) (Year)	Phone (
Betsy Krieger.	Certification of Circulator (certify): I reside at 210 Chateau Driv (Circulator's Residence - Street Name and Nu		つくとicipality)	Circulators,

(Printed Name of Circulator) (Circulator Municipality) I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stat

Please include you

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

article XIII, Section 12 of the Wisconsin Co	onstitution and S.9.10 of the Wisconsin Stat	utes.			
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Shannon L	Shayyon I	Street: 211 Broadway Dr.	Town SVI	11/10/2011	Email Phone
Marvin	marin	city: Sun Prairie, WI zip: 53590	orcin Praine	(Month) (Day) (Year)	
2. Robyn Mueller	Roh	Street: 341 Maple Valley Dr #108 City: Mad 1801 W 1 zip: 53719	Town Village Village Village	$\lim_{\text{(Month) (Day)}} \frac{1}{\text{(Year)}}$	Email Phone
3. Any To Steele	Omes Estete	Street: 2705 University Aue	☐ Town	1 /16/2011	Email Phone
FIRM 30 STEELE	Call of John	city: Madds of zip: 53765	Acity Madi Son	(Month) (Day) (Year)	- ,
Swah Barballer	- Sue Maddler	Street: 2929 Cury Parkum Apt 6 City: Man 136 A Zip: 53713	Town Village City	(Month) (Day) (Year)	Email Phone
5. Amy Isonsee	My Jesse	Street: 720 W. Main #305 City: Madken W1 zip: 53715	D Town Village Mach Sch	11 /14/2011 (Month) (Day) (Year)	Email
6. Tames Lorman	Time Consum	Street: 516 Wingrast City: Madison Wi zip: 53715	Town Village Outin	11 /16/2011 (Month) (Day) (Year)	Email
7. Kathryne Auerback	1/2: 0	Street: 621 Eligenia Ave City: Madison W7 zip: 53705	Town Village Madi Son		Email Phone
& akeatia Phillips	Jaluata Philis	Street: 817 N Thompson City: Machison zip: 53701	Town Village Mudism	11 / 14/20 1 (Month) (Day) (Year)	Email Phone
9. Stephanie Gulvik	Stiphana Yulik	Street: 1318 S. Thompson Dr. City: Madison zip: 53716	Town Village Madison	11 /16/20_11 (Month) (Day) (Year)	Email Phone
Katil Cirieves	LausJim	street: Sauya Hastings Rd city: Recaspura zip: 53950	Drown Beller Delter	11 /1 W 20 11 (Month) (Day) (Year)	Email
0 1 0	Certification		0 0 1 0	1	
A SAM BY DWN (Name of Circu		ify): I reside at 10 SheVMAN TeVIACE # (Circulator's Residence – Street name an	d Number) Circulator	dl SO M Municipality)	Cir
		the signers are electors of the jurisdiction or district represented by the	officeholder named in this petition. I know t	that each person signed	

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To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPALIT		ICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.
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Colleen Driscoll	Collean Driscoll	Street: 221 Crystal Drive City: Hartland Zip: 53029	Drown Hartland City Machana	(Month) (Day) (Year)
2. Pas Poethart.	A S	Street: 119 Elm Orive Sullivan City: MadiZon 5370	Town Village Made 3cm	/ (6 / 20 <u>U</u> (Month) (Day) (Year)
Thomas Pflugrad	John Hugrah	Street: 3315 Osbane Blvd. City: Hadron Racine zip: 53405	Drown Racine City Marketon	(/ / 6 / 2011 (Month) (Day) (Year)
4. Kelsey Burnham	Keley Bulown	street: 1650 Shownshage Drive city: Madison WI zip: 53706	Town Village MadiSon	11 /6/20_11 (Month) (Day) (Year)
5. Tenrin Tsegyal	Kantol	Street: 635 Elm Drive City: Madson zip: 5370C	Town Wallage Madison	[(Month) (Day) (Year)
Mikayla Eskens	Mall Spy	Street: 1650 Kronshage Dr City: Madison W zip: 53706	Town Village Madison	(Month) (Day) (Year)
Chris Smith	Chris Smith	Street: 650 Elm Drive City: Mad ison 2ip: 5370 6	Town Village MUHISON	11 /16/2011 (Month) (Day) (Year)
8. Nathau Brooks	thatter thank	Street: 722 Bass Dr. City: Waterford Zip: 53185	Town Village City Madise	1/ /16 /20 11 (Month) (Day) (Year)
"Ben Guson	KAN EASTERS	Street: 37 650 Elm Dr. 118 City: Moduson, WI zip: 53206	Town Willage Wodgen	// (6/20 <u>//</u> (Month) (Day) (Year)
10. All	angal	Street: 6 d 5 Elm Drive Apt 206 City: Madi 500 Zip: WT	Town Village Mar & 5 or	(Month) (Day) (Year)
Dhark hel D	Certification of	of Circulator	.M /	·
Robert Wiley Real	, (certi	ify): I reside at 1650 Kronsha at Dr.	Madison	(Associated)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

icle XIII, Section 12 of the Wisconsin Con	stitution and S.9.10 of the Wisconsin Statu	utes.		
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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
maria Sweetland	Min Settert	street: 420 N POJK St	Town Village City Madison	11 /16/20 11 (Month) (Day) (Year)
· Brian Moran	Brian Moran	city: Madison zip: 53706 Street: 615 W Johnson City: Madison zip: 53706	Town Village City Madison	(Month) (Day) (Year)
Laura Gregor	Laure Thego	street: 1510 Tripp Circle City: Madision, WI zip: 53706	Town Village City Madison	
Greg Dume	In Sur	Street: W350 54245 Panderosc Ct. City: Dows may Zip: 53118	□ Town □ Village □ KCity Madi3 an	
Max Vielmeth	My lung	Street: 420 N Park St City: Madison Zip: 53706	Town Village City Malizon	((/ (6/20 <u>M</u> (Month) (Day) (Year)
Tommy Barrett	Thomas Savett	Street: 821 W. Johnson St. Z. City: Madison Zip: 53706	Town Village Milwarkee	// //6/20_11 (Month) (Day) (Year)
Eury Phonos	Emily Ducepes	Street: 5 Preston well City: Modram zip: \$3119	Town Village Mauss	(Month) (Day) (Year)
Swynneth Schell MEd	G. Schell	Street: 449 Togstad Glenn	Town Willage Madison	11 /16/20_/1 (Month) (Day) (Year)
Leah Foecke	Mhhh	City: Madison Zip: 53711 Street: Oltwithnen St. City: Madison Zip: 53700	Town Village Words SW	(Month) (Day) (Year)
o. Michael Eineberg	any	Street: US N. Randall Avenue City: Madison 2 zip: 53715	Town Uyllage Madison	(Month) (Day) (Year)
Hally Henrik	Certification of	of Circulator	(ithou M	2. di Nan
Holly Henne. (Name of Circul	, (certi	ify): I reside at 1300 Observator DNU (Circulator's Residence – Street name an	d Number) (Circulator	Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction of district the paper with full knowledge of its content on the date indicated opposite his or har name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats. Page No. (Official Use Only) (Day) (Month) (Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

	onstitution and S.9.10 of the Wisconsin States G Purposes, when different than municipal		NICIPALITY OF RESIDENCE MUST ALWAY	'S BE LISTED.	
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Andrew Gipson	Includ topo	Street: P.O Box 259864 City: Madison zip: 53725	□ Town □ Village City Ward's €	11 /16/20_11 (Month) (Day) (Year)	Email Phone
1. Deborah Libinger	Deberch L Bengu	city: Black Earth W1 zip: 53515	Nown Village Vermont	11 /Ke/20 11 (Month) (Day) (Year)	Email
3. Dianna Gilbertsen	Diama Gilberton	Street: 205 W. 5# 57.8 City: Madison zip: 53704	Town Uvillage QCity Madison	// // 20 <u>//</u> (Month) (Day) (Year)	Email Phone
Cody HANNA	Cody	City: Mc Parland W Zip: \$3558	Town Willage City MCFALiand		Email
Eugene New	Lugare Now	Street: 8174 County FORLY City: SAUK City zip: 53583	Town Tousier	11 /16/20[[(Month) (Day) (Year)	Emai
John Bayley	John Bayley	street: 7/7 Chapman St. City: Madison zip: 537/1	Town Village Madison	//////////////////////////////////////	Emai Phon
Tamaya McSwan	Arrow We Swain	city: Middlefon Wi. 503562	Town Usullage We City Middleton	(Month) (Day) (Year)	Phon
Bill Drum	Ras h	Street: 1217 East Dayton St. City: Moddison WI zip: 53703	Town Usullage OCity Mord Z	(Month) (Day) (Year)	Phon
" hee Henvick	Les Atlanis	Street: 6 AARON CT City: MAOISON WIZIP: 53711	Town Utilage Striy Madisan	(Month) (Day) (Year)	Emai
Jerry OTT	Jens Oto		Town Village Point Mades	(Month) (Day) (Year)	Emai
Obert Brun l'ous (Name of Circu onally circulated this recall petition and personally ob per with full knowledge of its content on the date indi	ulator) tained each of the signatures on this paper. I know that	of Circulator ify): I reside at Harding 5+ 3 (Circulator's Residence – Street name and the signers are electors of the jurisdiction or district represented by the residences given. I support this recall petition. I am aware that falsifyi	officeholder named in this petition. I know t	Municipality) hat each person signed	Ci
(Month) (Pay) /20 /	$\mathcal{A} = \mathcal{A} + $	Wisconsister of Circulator)	Page No. (c	Official Use Only)	

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII. Section 12 of the Wisconsin Constitution and S 9 10 of the Wisconsin Statutes

	G PURPOSES, WHEN DIFFERENT THAN MUNICIPAL		IICIPALITY OF RESIDENCE MUST ALWAYS	BE LISTED.	
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1. Coray Bell	CongBy	street/144 Morraine View DV. City: Madison zip: 53719	Town Village Madison	// // /20 (Month) (Day) (Year)	Email
2. Kim James.	Ann Clands	Street: 2011 WESTBYOK LARE City: Madeen W1 Zip: 53711	Town Village Maden	// /4/20_// (Month) (Day) (Year)	Email Phone
3. Lydia Bour	Ryd Bm	Street: 207 Douglas City: Byon 114 zip: 53521	Town Brookly	// //6/20_((Month) (Day) (Year)	Emai
4. RICHARD J. CALLAWAY II	Alma	Street: 11 KEWAUNEE COURT City: MAD 1500, W1. Zip: \$3705	□ Town □ Village MADISON	// //6/20 <u>//</u> (Month) (Day) (Year)	Phon
5 mary Eldridge	Many Eldudos	street: 4446 Crescent RD city: Fitchburg wi zip: 53711	Town Village Fifch Durg	11 /14/20[1 (Month) (Day) (Year)	Phon
JAMES P. KILLERLAIN	Jans P. Kille	Street: 2002 SAND HILL Rd. City: ONEGON WI Zip: 53575	City DUND	/1/16/20_11 (Month) (Day) (Year)	Ema
Joan Ban Works	Joan Van Wormer	Street: 3810 Sunbrook Rd. City: Madison zip:53704	Town Village Madison	11/142011 (Month) (Day) (Year)	Ema Phoi
*David B. Engen	Duil B. E	Street: 1600 Kenilworth C++5 City: Stoughton zip.53589	Town Stoughton	// /16/20//_(Month) (Day) (Year)	Emai
"Rot Sours	La Jour	Street: 2009 Corean wat Chass City: Magistal Wis Zip: 53713	□ Town □ Village □ City Myd17010	1 // 2 / 20 14 (Month) (Day) (Year)	Phon
Travis E. Dalton	Trai E. Della	Street: 34 Garnet Lu, City: Madison, WI zip: 53714	Town Uvillage City Madison	f/ / 1 4/ 20 ((Month) (Day) (Year)	Phon
Robert Brunious	Certification 5 K, (cert				

Travis E. Dalton/2	an E. Low Madison u	JI zip: 53714 City M	(Month) (Day) (Year)
	Certification of Circulator		
Robert Brunious 5.	K, (certify): I reside at H9rd	ing 5+ 38	Madison
(Name of Circulator)		s Residence – Street name and Number)	(Circulator Municipality)
I personally circulated this recall petition and personally obtained each the paper with full knowledge of its content on the date indicated opp	th of the signatures on this paper. I know that the signers are electors of the jurisdic osite his or her name. I know their respective residences given. I support this recall	ction or district represented by the officeholder nam Il petition. I am aware that falsifying this certification	ned in this petition. I know that each person signed on is punishable under S.12.13(3)(a), Wis. Stats.
11 / 16 /2011	Robert Brumans 5	R.	Page No. (Official Use Only)
(Month) (Day) (Year)	(Signature of Circulator)		#2247
		9	11

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee PO Box 25 Madison, V THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED. NAME OF VOTING NAME & SIGNATURES OF ELECTORS STREET & NUMBER OR RURAL ROUTE MUNICIPALITY OF RESIDENCE DATE OF SIGNING CON Rural address must also include box or fire no. (Also Indicate Town, City, or Village) Email ☐ Town Print: NICOLE RELO ☐ Village Street: 21 E. GOMAN SE Detty Phone Madison (Municipality Name) City: Madisa zii: 53703 2. Email □ Town ABRIEL RAMIREZ ☐ Village City Phone (Municipality Name) Email EB □ Village City Phone (Municipality Name) 4. Email □ Town ☐ Village ☐ City Street: Phone (Municipality Name) City: Zip: 5. Email □ Town ☐ Village ☐ City Street: Phone

Sign:			(Municipality Name)	(Month) (Day) (Year)
/· 1	City:	Certification of Circulator	- 1	<u> </u>
I, <u>Eric Dax tev</u> , (Printed Name of Circulator)	(certify): I reside at	(Circulator's Residence – Street Name and N		ipality)
I personally circulated this recall petition and personally named in this petition. I know that each person signed the recall petition. I am aware that falsifying this certification	paper with full knowle	dge of its content on the date indicated opposite his o	ctors of the jurisdiction or district represented by the or her name. I know their respective residences give	e officeholder en. I support this
(Month) / 17 /20 (Year		gnature of Circulator)	Page No. (Official Use # 2248	Only)
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Return by.

Circulators, Please include your c

Phone

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to

THE MUNICIPALITY USED FOR MAILING	PURPOSES, WHEN DIFFERENT THAN MUNICIPAL	JITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MU	NICIPALITY OF RESIDENCE MUST ALWAYS	S BE LISTED.
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Katharine Lang	Wather	Street: 219 N. Midvole Strd City: NAAdiSON zip: 3215370	→ U Village /V \ R C \ CO \ I	(Month) (Day) (Year)
Torday Jevers	In The	Street: Joy W prestel wi City: Marchaell Zip: FJFF9	Town Styllage City City Many har har har har har har har har har har	(Month) (Day) (Year)
Dylan Sturtevant	Who Strett	Street: 5709 Bellows Circle City: madison, WI zip: 637/6	Town Village Madi Son	(Month) (Day) (Year)
Michelle Elligs	Michelle Ellias	Street: 760 W Main St City: Watertown zip: 53094	Town Village Watertown	11/17/2011 (Month) (Day) (Year)
Harlan J. Vangen	Harlan D. Gran	Street: N3191 OtsegoRd. City: Rio WI, zip: 53960	XTown Village O+sego	11 /17/20 <u>11</u> (Month) (Day) (Year)
	, 	Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
•		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20(Month) (Day) (Year)
		Street: City: Zip:	☐ Town ☐ Village ☐ City	/ /20 (Month) (Day) (Year)
0.		Street: City: Zip:	☐ Town ☐ Village ☐ City	//20(Month) (Day) (Year)
SARAH B. FRITZ		of Circulator rtify): I reside at 2810 Oakridge	Ave Madiso	ار الاس

(Month)

(Day)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

ALIDA CYNRIC	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
	I. ALIDA CYNRIC	Alada Cynric	Street: 4109 WINNEMACAVE, City: MADISON, WI Zip: 53711	Town Village City MADJSON	
Seret	2.		Street:	☐ Village	' '
	3.		Street:	☐ Village	
Street: Town Village City Condends (Day) Cycar)	4.		Street:	☐ Village	, ,
Street: 100m	5.		Street:	□ Village	·
Street:	6.			□ Village	, , _
Street: Town /20 /20 /20 /20 /20 /20 /20 /20 /	7.			☐ Village	, , <u> </u>
Street: Town Village City City Village City 8.		Street:	□ Village	, , , _	
Street: City: Zip: City 9.		Street:	☐ Village	, , <u> </u>	
Certification of Circulator	10.		Street:	□ Village	—
Edward (Inric), (certify): I reside at 4109 Winnemac Ave City of Madison		Certification			

(Month)

(Day)

(Year)

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Amber Chadwick	Somere Chaduick	Street: 729 Cumpay-Cand In City: Deforest zip: 53532	□ Town City Town City		
2. Dan Olson	Jon Elle	City: Seen Proservice Zip: 53590	Trown Utillage Burke	// // /20 E	
3. SUBHASH ANTANI	gorantain:	Street 2578 Janie Lane City: Madson, W zip; 5371/	Town Wadism		
1. Teresa Kantor	Jeresa Kanton	street: 4318 Melody Ln #203 City: Madison zip: 53704	Town Uvillage City MadiSon		
Halie Fass	Hali Jos	Street: 1000 Edonwood Collegador City: Madeson, W zip: 637/1	Town Village Madifor	$ \left(\frac{1}{\text{(Month) (Day)}} \frac{1}{\text{(Year)}} \right) = \frac{E}{P} $	
Monica Oboagwina	MES	Street: 2218 Luann Ln #305 City: Madison zip: 53713	Town Usillage Madison	[[] [] [] [] [] [] [] [] [] [
Julie Luecke	anlie C- Lucche	Street: 2705 Homestead Rd City: Madisa Zip: 53711	Town Village Mod ('8500		
Paul Hinzgeter	fel 2	Street: 6777 Schweder Rd City: Madison zip: 53711	Town Village Made 500	(Month) (Day) (Year)	
Michaela Chase	Muchaela May	street: 444 W WIISON St City: Madison zip: 53703	Town Village Madison	$\frac{11 / 7 / 2011}{\text{(Month) (Day)}} = \frac{E}{P}$	
10.		Street: City: Zip:	□ Town □ Village □ City	/ 20 E	
Zuchary A. Madden Certification of Circulator Lichary A. Madden (city): I reside at 1000 Edgewood College Dr Madison (city)					

I, Certify): I reside at Circulator's Residence Street name and Number)

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his order name. I know their respective residences given. I support his recall petition. I am aware that falsis high this certification is punishable under S.12.13(3)(a), Wis. Stats.

| Page No. (Official Use Only) (Year)

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Circula